



A Housing Authority Since 1966

4800 N. Broadway, Boulder, CO 80304  
Phone: 720-564-4610 Fax: 303-939-9569  
TTY Assistance: 1-800-659-3656

Forms to be completed by Landlord  
and returned to Boulder Housing Partners before an inspection can be schedule.

### REQUEST FOR RENTAL ASSISTANCE

Tenant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

The Housing Authority must have these forms filled out completely before we will arrange an inspection of the unit.

Date unit is available? \_\_\_\_\_ Date lease is to start? \_\_\_\_\_

Current rental license expiration date? \_\_\_\_\_ (For City of Boulder units only.)

Owners Name: \_\_\_\_\_ Manager's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

To whom shall we send the rental check? Name: \_\_\_\_\_  
must match information on tax-Id form

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of unit: Single House \_\_\_\_\_ Apt. 3 stories or less: \_\_\_\_\_ Duplex: \_\_\_\_\_

Apt. 4 stories or more: \_\_\_\_\_ Mobile Home: \_\_\_\_\_

# Of Bedrooms: \_\_\_\_\_ Year of Construction: \_\_\_\_\_ Rent per month: \$ \_\_\_\_\_

1. Current Landlord: \_\_\_\_\_

2. Previous Landlord (if known): \_\_\_\_\_

**#1 & #2 ABOVE MUST BE PROVIDED BY THE PROSPECTIVE TENANT. BHP URGES ALL LANDLORDS TO CONTACT PREVIOUS LANDLORDS FOR A LANDLORD REFERRANCE AND TO COLLECT A FULL DEPOSIT FROM THE TENANT.**

**NOTE:** The Housing Authority cannot provide Landlord references. We do not guarantee the family's suitability as a tenant. It is the Landlord's responsibility to check references and approve prospective tenants. Your normal leasing procedures should be followed. Please return this form to the Boulder Housing Partners Housing Authority, Section 8 Division. Thank You!

Signature of Landlord/Agent

Date



# Request for Tenancy Approval Housing Choice Voucher Program

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(exp. 9/30/2010)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zip code)			
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection	

9. Type of House/Apartment

Single Family Detached  
  Semi-Detached / Row House  
  Manufactured Home  
  Garden / Walkup  
  Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:

Section 202  
  Section 221(d)(3)(BMIR)  
  Section 236 (Insured or noninsured)  
  Section 515 Rural Development

Home  
  Tax Credit

Other (Describe Other Subsidy, Including Any State or Local Subsidy) \_\_\_\_\_

### 11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

\_\_\_\_ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

\_\_\_\_ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

\_\_\_\_ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

**13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

## Request for Taxpayer Identification Number and Certification

**Give form to the requester. Do not send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**Direct Deposit Signup/Change Form**  
**For Housing Assistance Payments**

Dear Landlord:

Thank you for participating in the direct deposit program. Direct deposits will be made on the 3rd business day of the month, interim payments will be made on approximately the 10th and 20th of each month. Interim payments should be posted to your bank account the next business day following the direct deposit processing. To find out when your deposit will be available, check with your bank to see when they process their ACH transactions.

**To signup for direct deposit:**

1. Fill out the form below. (The form must be signed by the owner or authorized agent only.)
2. Deposits can be made to **checking** or **savings** accounts.
  - **Checking Account:** Attach a voided check or a photocopy of a voided check. **Do not send** a deposit slip because they do not contain the correct information.
  - **Savings Account:** Attach a deposit slip.
3. Detach form and mail to:

**Boulder Housing Partners**  
**4800 N. Broadway**  
**Boulder, CO 80304**

4. Or fax information to 303-939-9569.

**To change information or bank account:**

1. Follow instructions above.
2. Send a copy of a voided check from the old account along with the new account specifying which is old and which is new.

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**Direct Deposit Sign Up**

Landlord Tax ID Number \_\_\_\_\_  
(9-digit number or Social Security number)

Landlord  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
(The name on the bank account **MUST** match the name and Taxpayer Identification Number provided on the IRS Form W-9)

\_\_\_\_\_ **Checking (ATTACH VOIDED CHECK OR PHOTOCOPY OF VOIDED CHECK HERE)**

\_\_\_\_\_ **Savings (ATTACH DEPOSIT SLIP HERE)**

Authorized  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name of tenant (Only need to list one name)

**Disclosure Format for Target Housing Rentals and Leases**  
**Disclosure-of Information on Lead-Based Paint and Lead-Based Paint Hazards**

**Lead Warning Statement:**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

**Lessor's Disclosure (initial)**

\_\_\_\_\_ (a) Presence of lead based paint or lead based paint hazards (Check one below):

Know lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

Lessor has no knowledge of lead-based paint and/or lead based pant hazard in the housing.

\_\_\_\_\_ (b) Records and reports available to the lessor (check one below):

Lessor has provide the lessee with all available records and reports pertaining to lead-based paint and/or lead based paint hazards in the housing (list documents below).

\_\_\_\_\_

Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's acknowledgment (initial)**

\_\_\_\_\_ (c) Lessee has received copies of all information listed above.

\_\_\_\_\_ (d) Lessee has received the pamphlet protect your family from lead in your home.

**Agent's acknowledgment (initial)**

\_\_\_\_\_ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C 4852(d) and is aware of his/her responsibilities to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify to the best of their knowledge, that the information provided by the signatory is true and accurate.

Lessor \_\_\_\_\_ Date \_\_\_\_\_

Lessor \_\_\_\_\_ Date \_\_\_\_\_

Lessee \_\_\_\_\_ Date \_\_\_\_\_

Lessee \_\_\_\_\_ Date \_\_\_\_\_

Agent \_\_\_\_\_ Date \_\_\_\_\_

Agent \_\_\_\_\_ Date \_\_\_\_\_

Unit Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No. Bedrooms: \_\_\_\_\_ Square Feet: \_\_\_\_\_

No. Bathrooms: \_\_\_\_\_ 1/2 \_\_\_\_\_ 3/4 \_\_\_\_\_ Full

Manager/Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

Rent: \_\_\_\_\_

Date Built: \_\_\_\_\_

Phone: \_\_\_\_\_

Please check off below the items that most closely describe your unit(s)

**Amenities and Facilities**

- |   |  |
|---|--|
| <input type="checkbox"/> Air conditioning         | <input type="checkbox"/> Balcony                       |
| <input type="checkbox"/> Clubhouse                | <input type="checkbox"/> Dishwasher                    |
| <input type="checkbox"/> Fireplace                | <input type="checkbox"/> Garage                        |
| <input type="checkbox"/> Handicap-accessible unit | <input type="checkbox"/> Laundry on-site               |
| <input type="checkbox"/> On-site manager          | <input type="checkbox"/> On-site parking               |
| <input type="checkbox"/> On-site storage          | <input type="checkbox"/> Patio                         |
| <input type="checkbox"/> Playground               | <input type="checkbox"/> Swamp cooler                  |
| <input type="checkbox"/> Swimming pool            | <input type="checkbox"/> Washer/dryer hook ups in unit |

**Location**

- |   |   |
|---|---|
| <input type="checkbox"/> 80026 zip code | <input type="checkbox"/> 80027 zip code |
| <input type="checkbox"/> 80301 zip code | <input type="checkbox"/> 80302 zip code |
| <input type="checkbox"/> 80303 zip code | <input type="checkbox"/> 80304 zip code |
| <input type="checkbox"/> 80305 zip code | <input type="checkbox"/> 80501 zip code |
| <input type="checkbox"/> 80503 zip code | <input type="checkbox"/> 80504 zip code |

**Maintenance**

- |  |   |
|--|---|
| <input type="checkbox"/> On-site maintenance             | <input type="checkbox"/> Lawn care performed by owner       |
| <input type="checkbox"/> Snow removal performed by owner | <input type="checkbox"/> Snow removal performed by resident |
| <input type="checkbox"/> Lawn care performed by resident |   |

**Quality**

- |   |   |
|---|---|
| <input type="checkbox"/> Within walking distance to bus stop                    | <input type="checkbox"/> Within walking distance to markets   |
| <input type="checkbox"/> Within walking distance to hospital/medical facilities | <input type="checkbox"/> Within walking distance to school(s) |
| <input type="checkbox"/> Smoke-free apartments/building                         |   |

**Unit Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Duplex                | <input type="checkbox"/> Manufactured home  |
| <input type="checkbox"/> Multi-family dwelling | <input type="checkbox"/> Single family home |
| <input type="checkbox"/> Townhouse             |   |

**Utilities**

- |  |   |
|--|---|
| <input type="checkbox"/> Electricity - paid by owner | <input type="checkbox"/> Electricity - paid by tenant |
| <input type="checkbox"/> Heat - paid by owner        | <input type="checkbox"/> Heat - paid by tenant        |
| <input type="checkbox"/> Trash - paid by owner       | <input type="checkbox"/> Trash - paid by tenant       |
| <input type="checkbox"/> Water - paid by owner       | <input type="checkbox"/> Water - paid by tenant       |